

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								APPLICANT(S)	<i>10/15/10/10</i>				
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL DEP.	13	←		←		←		←					
TOTAL CLAIMS	14												